U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:
10198	1/1/2005 Through: 12/31/2005
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name THOMAS ESTEFANIAK.	Name IBEW 633
•	Labor Organization File Number 031-151
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 19 LYNN DRIVE	Street 19 LYNN DRIVE
City ST. PETERS	City ST. PETERS
State #1550481 ZIP Code +4 63376	State M1550421 ZIP Code + 4 63374
5. Position in labor organization. FINANCIAL SE	CRETARY
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions);
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
The son, step, room to, it any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Thomas C. Stefanish	on 3-12-06 636-397-1210
	Date Telephone Number

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name C. MARSHALL FRIEDMAN Trade Name, if any: LAW OFFICES P.O. Box, Bldg., Room No., if any Street 1010 MARKET STREET City ST. LOUIS State MISSOURI ZIP Code +4 63/01	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Baseball tickets opening day 2 EA @ 35.00 given to member Baseball tickets rain out 2 EA @ 35.00 EA Muney Tickts 2 EA @ 58.00 EA Football tickets 2 EA @ 85.00 EA Baseball tickets 2 EA @ 38.00 EA given to member 11.b. Approximate dollar value of such dealing.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.	
City ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	